



United States
Department of
Agriculture



2019 County Committee Elections

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Agency

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What is a County Committee?

- **Authorized by Congress in 1930s.**
- **Critical component of the day-to-day operations of FSA.**
- **More than 7,700 committee members serve on more than 2,200 committees nationwide.**



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Role of County Committee Members

- **Help area farmers, ranchers and foresters.**
- **Deliver federal programs locally.**



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Why Are County Committees Important?

Make Decisions on:

- Price support loans & payments
- Acreage verification
- Conservation programs
- Incentive, indemnity & disaster payments
- Payment eligibility



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Duties of the County Committee

- Inform farmers of the purpose and provisions of FSA programs.
- Keep the State FSA Committee informed of local administrative area (LAA) conditions.
- Monitor changes in farm programs.



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Duties of the County Committee Continued...

- Participate in monthly meetings.
- Make recommendations to State Committee on existing programs.
- Ensure underserved farmers and ranchers are fairly represented.



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Get Involved

USDA encourages all eligible farmers, ranchers and foresters to participate in the county committee election process.



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Who Serves on County Committees?

To hold office as a COC member or alternate, a person must fulfill each requirement:

- ✓ Be a producer with an interest in farming or ranching operations
- ✓ Participate or cooperate in any FSA program provided for by law
- ✓ Be a U.S. Citizen
- ✓ Be of legal voting age
- ✓ Meet the basic eligibility requirements
- ✓ Reside in the county or multi-county jurisdiction in which they will be serving.

Committee Basics

- 3 to 11 Members
- 3-year Terms
- Advisors appointed annually to represent women and minority interests



Role of the Advisor

Officially appointed by the FSA state committee based on county committee or community-based organizations recommendations.

Appointed to county committees in counties or multi-county jurisdictions that have significant numbers of underserved producers, but lack such members on FSA county committee.

Provide diverse viewpoints and represent the interests of underserved communities in the decisions made by the County Committee.

*Non-voting position

How are Advisors Appointed?

- The **Non-Voting Advisors** get selected by the State County Committee after the County Committee sends up recommendations.
- A **Voting SDA Advisor** is appointed by the Secretary after USDA runs a report to see which county needs an appointed SDA after the regular election.



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How do I participate in the County Committee elections?

Nominate

Vote

Inform others



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Nominating

- Runs June 14 – August 1
- Nominate yourself or others
- Forms available online at www.fsa.usda.gov/elections or from any FSA office
- Must sign form

FSA-669A (03-15-18) Page 2 Form Approved - OMB No. 0560-0229
OMB Expiration Date: 01/31/2021

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION

1. NAME OF NOMINEE (Type or Print Nominee's Full Name)		TO BE COMPLETED BY COUNTY FSA OFFICE				
2. ADDRESS OF NOMINEE		4. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE RECEIVED				
3. NOMINEE'S CERTIFICATION: <i>I hereby agree to have my name placed on the ballot; that I will serve if elected, and if there is a conflict of interest, I will resign such position.</i> <input type="checkbox"/> I DO want to witness the settling of tied votes with another nominee. <input type="checkbox"/> I DO NOT want to witness the settling of tied votes with another nominee.		5. COUNTY 6. LAA 7. STATE				
3A. SIGNATURE OF NOMINEE		8. NOMINATOR'S CERTIFICATION: <i>If this nomination is by other than self, the following eligible voter or representative of a community based organization hereby nominates the above-named person to be a candidate in the next County FSA Committee election for the county.</i>				
3B. DATE		8A. SIGNATURE OF NOMINATOR				
		8B. DATE				
<input type="checkbox"/> Check here if nominee is a write-in candidate.		<input type="checkbox"/> (If the individual is self nominating, no signature is required).				
9. TO BE COMPLETED BY NOMINEE						
VOLUNTARY INFORMATION FOR MONITORING PURPOSES: The following information is requested by the Federal Government in order to monitor FSA's compliance with federal laws prohibiting discrimination against program participants on the basis of race, color, national origin, religion, sex, marital status, handicapped condition, or age. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your nomination or to discriminate against you in any way.						
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"> ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino </td> <td style="width: 33%;"> RACE (Choose as many boxes as applicable) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander </td> <td style="width: 33%;"> GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female </td> </tr> </table>				ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	RACE (Choose as many boxes as applicable) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	RACE (Choose as many boxes as applicable) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female				
INSTRUCTIONS FOR COMPLETING THIS FORM						
Complete the form as follows: ITEM 1 Type or Print the nominee's full name. The nominee must be: A. Eligible to vote in the designated County FSA Committee election. B. Eligible to hold the office of County FSA Committee member. C. Willing to serve if elected. ITEM 2 Enter the nominee's current address. ITEM 3 The nominee must check one of the boxes to indicate a preference regarding the settling of tied votes. ITEMS 3A & 3B The nominee must sign and date. ITEMS 8A & 8B The nominator must sign and date. (If the individual is self nominating, no signature is required.) ITEM 9 Completing this item is voluntary. ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST 1, 2018.						
NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 7 and the Agricultural Act of 2014 (Pub. L. 113-76). The information will be used to obtain nominees for election to the County FSA Committee. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and non-governmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for County Personnel Records, USDA-FSA-4. Providing the nominee name, address, signature/date and nominator signature/date (when applicable) information is voluntary, but necessary for processing the form. Failure to furnish the nominee name, address, signature/date and nominator signature/date (when applicable) information will result in a determination of ineligibility for nomination for election to the County FSA Committee. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0229. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.						

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How to Nominate

- **To hold office as a COC member or alternate, a person must fulfill each requirement:**
 - be a producer who owns or operates a farm or ranch;
 - participate or cooperate in any FSA program provided for by law;
 - be a U.S. Citizen;
 - be of legal voting age;
 - meet the basic eligibility requirements; and
 - reside in the county or multi-county jurisdiction in which they will be serving.

How to Nominate, continued

- Individuals may nominate themselves or others as a candidate.
- Additionally, organizations representing underserved (minority and women) farmers or ranchers may nominate candidates.
- Nomination forms are filed for the county committee at the office that administers a producer's farm records.

How to Nominate, continued

- To become a nominee, eligible individuals must sign nomination form FSA-669A.
- The form includes a statement that the nominee agrees to serve if elected.
- This form is available at your FSA county office and online at www.fsa.usda.gov/elections.



Who can Vote?

1. Be of legal voting age and have an interest in a farm or ranch as either:

➤ An individual who meets one or more of the following:

- ☐ Is eligible to vote in one's own right
- ☐ Is a partner of a general partnership
- ☐ Is a member of a joint venture



Who can Vote? Continued...

1. Be of legal voting age and have an interest in a farm or ranch as either:

➤ A non-individual who is the authorized representative of a legal entity, such as:

- ☐ A corporation, estate, trust, limited partnership or other business enterprise, excluding general partnership and joint ventures
- ☐ A state, political subdivision of a state or any state agency. (only the designated representative may cast a vote for the entity)



Who can Vote? Continued...

OR

2. Not of legal voting age, but supervises and conducts the farming operations of an entire farm.

AND

3. Participates or cooperates in an FSA program that is provided by law.

County Committee Elections 2019 Timeline

June 14, 2019 - Nomination period begins.
Request nomination forms from any local
USDA Service Center or obtain online at
www.fsa.usda.gov/elections.

Aug. 1, 2019 - Last day to file nomination
forms at the local USDA Service Center.

County Committee Elections 2019 Timeline

Nov. 4, 2019 – Ballots mailed to eligible voters.

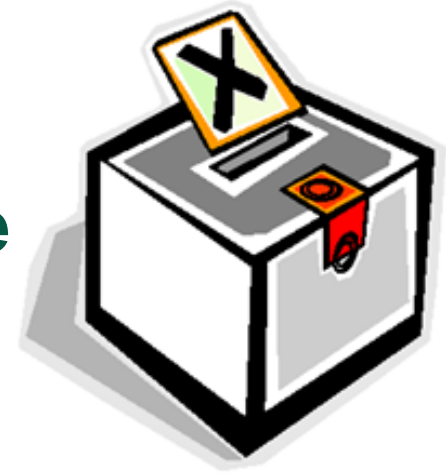
Dec. 2, 2019 – Last day to return voted ballots to the USDA Service Center.

Jan. 1, 2020 - Newly elected county committee members take office.

Voting

Period runs Nov. 4 – Dec. 2, 2019

Voters cast 1 vote per county office jurisdiction





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Where Can I Get More Information?

**Visit your local FSA office
or visit:**

www.fsa.usda.gov/elections



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